

PLAINTIFF (LAST NAME)		Norfolk Financial Corp.	VS. DEFENDANT (LAST NAME)	LINDA M FLINT	NAME AND ADDRESS OF COURT
DATE OF CLAIM 11-24-03					BOSTON MUNICIPAL COURT 90 Devonshire Street, Rm. 1120 BOSTON, MA 02109
DATE CERTIFIED AND FIRST CLASS TRIAL NOTICE SENT		Norfolk Financial Corp. 1208 VFW Parkway, Suite 201 Boston, MA 02132		P L A I N T I F F	
11-26-03				D E F E N D A N T	PLAINTIFF'S ATTORNEY David W. Goldstein, Esq.
RETURN DATE 1-8-04		LINDA M FLINT 18 MOUNT EVERETT ST # 1 BOSTON MA 021252436			DEFENDANT'S ATTORNEY
FEES PAID 40.00					
DATE	PROCEEDINGS		DATE	PROCEEDINGS	
	CERTIFIED TRIAL NOTICE RETURNED <input checked="" type="checkbox"/> DELIVERED <input type="checkbox"/> UNDELIVERED			NOTICE OF JUDGMENT MAILED TO PARTIES	
	FIRST CLASS TRIAL NOTICE RETURNED UNDELIVERED			DEFENDANT APPEALED	
	OFFICER SERVICE ISSUED RETURNABLE ON:			NOTICE TO SHOW CAUSE ISSUED RETURNABLE ON:	
	OFFICER SERVICE RETURNED <input type="checkbox"/> SERVED <input type="checkbox"/> UNSERVED			NOTICE TO SHOW CAUSE RETURNED <input type="checkbox"/> SERVED <input type="checkbox"/> UNSERVED	
	ANSWER FILED			CAPIAS ISSUED	
	COUNTERCLAIM FILED				
1/8/04	HEARING DATE <i>B/P Agreement</i> <i>filed #1,08099 on or before 3/1/04</i> <i>to settle in full.</i>				
	JUDGMENT ENTERED				
	DEFENDANT DEFAULTED; JUDGMENT ENTERED				
	PLAINTIFF FAILED TO APPEAR; CASE DISMISSED		1/30/04	EXECUTION ISSUED	
	30 DAY PAYMENT ORDER ENTERED			JUDGMENT SATISFIED	
ORDER FOR JUDGEMENT AND PAYMENT					
JUDGMENT FOR <input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT <input type="checkbox"/> BY DEFAULT <input type="checkbox"/> AFTER HEARING <input type="checkbox"/> BY AGREEMENT					
FOR \$	<i>1664.70</i>		DAMAGES	<i>Court Issued 1/30/04</i>	
\$	<i>40.00</i>		COSTS	<i>on original Judgment</i>	
\$	<i>1704.70</i>		JUDGMENT TOTAL	<i>of \$1,664.70 +</i>	
PAYMENT ORDERED AS FOLLOWS: <i>B/P agreement of \$1,08099</i> <i>to settle by 3/1/04.</i>					
JUDGE: _____			ASST. CLERK: _____		

AND NOTICE OF TRIAL

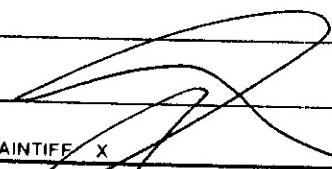
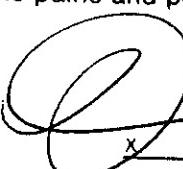
Case 1:04-cv-12434-DPW

use Only

03SC7531

Document 4-2 Filed 11/23/2004 Small Claims Session

Court of Massachusetts

PART 1	<input type="checkbox"/> BOSTON MUNICIPAL COURT	<input type="checkbox"/> DISTRICT COURT BOSTON MUNICIPAL COURT DIVISION	<input type="checkbox"/> HOUSING COURT	Division
	PLAINTIFF'S NAME, ADDRESS, ZIP CODE AND PHONE		PLAINTIFF'S ATTORNEY (if any)	
PART 2	NOREFOLK FINANCIAL CORP., ASSIGNEE OF PROVIDIAN 1208 VFW Parkway, #201 West Roxbury, MA 02132		Name: <u>Daniel W. Goldstone, Esq.</u> BBO #551753	Address:
	PHONE NO: <u>617-323-1533</u>		[File #03009352]	
PART 3	DEFENDANT'S NAME, ADDRESS, ZIP CODE AND PHONE		PHONE NO: ADDITIONAL DEFENDANT (if any)	
	LINDA M FLINT 18 MOUNT EVERETT ST # 1 BOSTON MA 021252436 617436-1215		Name: _____ Address: _____	
PART 4	PHONE NO:		PHONE NO:	
	PLAINTIFF'S CLAIM. The defendant owes \$ <u>\$1,664.70</u> plus \$ <u>40.00</u> court costs for the following reasons: Give the date of the event that is the basis of your claim.			
<p>The defendant(s) (ss#031-56-2086) named hereinabove is/are indebted to the plaintiff on account of moneys lent/credit extended for the purchase of goods and/or services in connection with former PROVIDIAN account #5542852000570646. The amount owed may include interest, costs and fees (all as provided for in the subject credit agreement) since October 17, 2000.</p> <p>The plaintiff agrees to forego assessment of damages by waiving pre-trial attorneys' fees.</p> 				
SIGNATURE OF PLAINTIFF X	DATE <u>10/21/03</u>			
PART 5	MEDIATION: Mediation of this claim may be available prior to trial if both parties agree to discuss the matter with a mediator, who will assist the parties in trying to resolve the dispute on mutually agreed to terms. The plaintiff must notify the court if he or she desires mediation; the defendant may consent to mediation on the trial date. <input type="checkbox"/> The plaintiff is willing to attempt to settle this claim through court mediation.			
	MILITARY AFFIDAVIT: The plaintiff states under the pains and penalties of perjury that the: <input checked="" type="checkbox"/> above defendant(s) is (are) not serving in the military and at present live(s) or work(s) at the above address.			
PART 6	<input type="checkbox"/> above defendant(s) is (are) serving in the military			
	 SIGNATURE OF PLAINTIFF <u>10/21/03</u>			
NOTICE OF TRIAL	NOTICE TO DEFENDANT: You are being sued in Small Claims Court by the above named plaintiff. You are directed to appear for trial of this claim on the date and time noted to the right. If you wish to settle this claim before the trial date, you should contact the plaintiff or the plaintiff's attorney.		NAME AND ADDRESS OF COURT Boston Municipal Court Small Claims Department 90 Devonshire St. Boston, Ma. 02109	BOTH THE PLAINTIFF AND THE DEFENDANT MUST APPEAR AT THIS COURT ON THE DATE AND TIME SPECIFIED
	SEE ADDITIONAL INSTRUCTIONS ON THE BACK OF THIS FORM FIRST JUSTICE CLERK-JUDGE <u>CHARLES JOHNSON</u>		DATE AND TIME OF TRIAL <u>1-8-04</u> AT <u>2:00 P.M.</u> <u>KEVIN F. CALLAHAN, ASST.</u>	<u>XX-XXXX-COURTROOM # 17</u>

INSTRUCTIONS FOR FILING A SMALL CLAIM — You must complete Parts 1-6 of this form. See instructions on reverse.
 ATENCION: ESTE ES UN AVISO OFICIAL DE LA CORTE. SI USTED NO SABE LEER INGLÉS, OBTENGA UNA TRADUCCIÓN.

COURT USE ONLY

COMMONWEALTH OF MASSACHUSETTS
TRIAL COURT OF THE COMMONWEALTH - BOSTON MUNICIPAL COURT
SMALL CLAIMS DIVISION

Suffolk, ss

S.C.# 03 SC 7531

AGREEMENT FOR JUDGMENT

Norfolk Financial Corp PLAINTIFF

Linda M. Flint DEFENDANT

It is hereby agreed that the following entry may be made in the above entitled action:

Judgment for Norfolk Financial Corp

in the sum of

1,664.70 dollars, with 40 costs, and further entry of judgment satisfied.. The defendant Linda M. Flint agrees to pay the plaintiff \$ a month/week/every 2 weeks/other beginning

\$1,080.99 on or before March 1, 2004

ALL PARTIES WAIVE NOTICE UNDER RULE 77.

to settle in full

Brian J. Swanson
SIGNED

Please Print

Atty for Plff

Address

Linda Flint
SIGNED

Please Print Atty for Deft

18 MIT Everett St #1
Address

Dor, MA 02125

DATED: _____ SIGNATURE _____

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>Jinda M. Flint SC- 7531 1-8-04</p>		<p>A. Signature </p> <p><input type="checkbox"/> Agent/ Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: </p> <p>2. Article (Transfer from another form if necessary)</p> <p>7003 1010 0004 8616 1264</p> <p>3. Service Type <input type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	